MDR: M4-04-2773-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 10/22/03.

## I. DISPUTE

Whether there should be additional reimbursement for E0748 and 97139.

## II. FINDINGS

The Respondent reduced payment for the service in dispute based upon "M-Nreduced to fair and reasonable", "360-Allowance for this procedure was made at the "Fair and reasonable amount for this geographical area", "426- reimbursed to fair and reasonable", "Fair and reasonable based on HCPCS DME POS, These services are usually inclusive to the service rendered" and "Reduced According to Fee Guideline".

## III. RATIONALE

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MAR\$	REFERENCE	RATIONALE:
03/18/03	E0748 97139- TN	\$5,000.00 \$185.00	\$3,352.58 \$25.00	M F&M	DOP	The 1996 MFG General Instructions GR III Durable Medical Equipment GR IV, VIII & IX Section 413.011(b)	The requestor did not provide redacted EOBs from insurance carriers to support amount billed as fair and reasonable. Therefore a need for a change in reimbursement is not supported. Additional reimbursement is not recommended.
Totals		\$5,185.00	\$3,377.58				The Requestor is not entitled to reimbursement.

## IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is not entitled to reimbursement.

The above Findings and Decision are hereby issued this 14th day of May 2004.

Laura L. Campbell Medical Dispute Resolution Officer Medical Review Division LLC/llc